

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90161 013 ****70.00

DOCUMENT # N97000005199

1. Entity Name
SECOND GULFSTREAM GARDEN CONDOMINIUM, INC.



Principal Place of Business

**329 SE 3RD ST.
HALLANDALE FL 33009**

Mailing Address

**P.O. BOX 2626
HALLANDALE FL 33008
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0792333

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GLAZER, ERIC M BEACH
1920 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	BLEDSE, JACK	
STREET ADDRESS	329 SE 3RD ST., APT 501T	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	KAPLAN, SAMUEL L	
STREET ADDRESS	329 SE 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOGUE, CARL	
STREET ADDRESS	329 SE 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIDAN, HUGH	
STREET ADDRESS	329 SE 3RD ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WELLING, ROSE MARIE	
STREET ADDRESS	329 SE 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCALERO, MARGARET	
STREET ADDRESS	329 SE 3RD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel L. Kaplan* **RECEIVED** *L. Kaplan* *4/2/03* *954-457-9437*

CR2E037 (10/02)